



ASSISTANCE APPLICATION HANDBOOK



APPENDICES

Blank Forms and Certifications

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**Sample Work Plan for 40 CFR Part 35 Sub-Part A & B
Grant Programs**

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Appendix C

Some Helpful On-Line Information Sources

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ASSISTANCE APPLICATION HANDBOOK



APPENDIX A

Forms for Use in Preparing Your Application Package

- ✓ APPLICATION FOR FEDERAL ASSISTANCE (SF-424)
- ✓ BUDGET INFORMATION (SF-424A)
- ✓ PRE-AWARD COMPLIANCE REVIEW REPORT (EPA FORM 4700-4)
- ✓ ASSURANCES, NON-CONSTRUCTION GRANTS (SF-424B)
- ✓ SURVEY OF RECIPIENT'S MANAGEMENT SYSTEMS
- ✓ CERTIFICATION REGARDING LOBBYING
- ✓ DISCLOSURE OF LOBBYING ACTIVITIES (SF LLL)
- ✓ PROCUREMENT SYSTEM CERTIFICATION (EPA FORM 5700-48)
- ✓ SAMPLE BUNDLING LETTER
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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
		Department:		
Organizational DUNS:		Division:		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:		Prefix:	First Name:	
City:		Middle Name		
County:		Last Name		
State:	Zip Code	Suffix:		
Country:		Email:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): □□-□□□□□□□□		Phone Number (give area code)		Fax Number (give area code)
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): □□-□□□□		9. NAME OF FEDERAL AGENCY:		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
Start Date:	Ending Date:	a. Applicant		b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$.00	DATE:		
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
g. TOTAL	\$.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name		Middle Name	
Last Name		Suffix		
b. Title		c. Telephone Number (give area code)		
d. Signature of Authorized Representative		e. Date Signed		

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
7.	Select the appropriate letter in the space provided. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District </div> <div style="width: 45%;"> I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) O. Not for Profit Organization </div> </div>	17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
8.	Select the type from the following list: <ul style="list-style-type: none"> "New" means a new assistance award. "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: <div style="display: flex; justify-content: space-between;"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration </div> 	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)
9.	Name of Federal agency from which assistance is being requested with this application.		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.		

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY								
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)			
1.		\$	\$	\$	\$	\$		
2.								
3.								
4.								
5. Totals		\$	\$	\$	\$	\$		
SECTION B - BUDGET CATEGORIES								
6. Object Class Categories		GRANT PROGRAM, FUNCTION OR ACTIVITY					Total (5)	
		(1)	(2)	(3)	(4)			
a. Personnel		\$	\$	\$	\$	\$		
b. Fringe Benefits								
c. Travel								
d. Equipment								
e. Supplies								
f. Contractual								
g. Construction								
h. Other								
i. Total Direct Charges (sum of 6a-6h)								
j. Indirect Charges								
k. TOTALS (sum of 6i and 6j)		\$	\$	\$	\$	\$		
7. Program Income		\$	\$	\$	\$	\$		

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	\$	\$	\$	\$	
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)		\$	\$	\$	\$
SECTION D - FORECASTED CASH NEEDS					
13. Federal	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	\$	\$	\$	\$	\$
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)		\$	\$	\$	\$
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.	\$	\$	\$	\$	
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)		\$	\$	\$	\$
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks:					

INSTRUCTIONS FOR THE SF-424A

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0044), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

Section A. Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a *single* Federal grant program (Federal Domestic Assistance Catalog number) and *not requiring* a functional or activity breakdown, enter on Line 1 under Column (a) the Catalog program title and the Catalog number in Column (b).

For applications pertaining to a *single* program *requiring* budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the Catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the Catalog program title on each line in *Column* (a) and the respective Catalog number on each line in Column (b).

For applications pertaining to *multiple* programs where one or more programs *require* a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1-4, Columns (c) through (g)

For new applications, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5 - Show the totals for all columns used.

Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Line 6a-i - Show the totals of Lines 6a to 6h in each column.

Line 6j - Show the amount of indirect cost.

Line 6k - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7 - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount, Show under the program

INSTRUCTIONS FOR THE SF-424A (continued)

narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.

Section C. Non-Federal Resources

Lines 8-11 Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a) - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (b) - Enter the contribution to be made by the applicant.

Column (c) - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d) - Enter the amount of cash and in-kind contributions to be made from all other sources.

Column (e) - Enter totals of Columns (b), (c), and (d).

Line 12 - Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

Section D. Forecasted Cash Needs

Line 13 - Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14 - Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15 - Enter the totals of amounts on Lines 13 and 14.

Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

Lines 16-19 - Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

Line 20 - Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.


Section F. Other Budget Information

Line 21 - Use this space to explain amounts for individual direct object class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22 - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23 - Provide any other explanations or comments deemed necessary.

**PLEASE NOTE: Questions concerning completion of this form should be directed to
Victoria Plata at (206) 553-8580.**

 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> United States Environmental Protection Agency Washington, DC 20460 Preaward Compliance Review Report for All Applicants Requesting Federal Financial Assistance </div>		FORM Approved OMB No. 2090-0014
Note: Read instructions on reverse side before completing form.		
I. A. Applicant (Name, City, State)	B. Recipient (Name, City, State)	C. EPA Project No.
II. Brief description of proposed project, program or activity.		
III. Are any civil rights lawsuits or complaints pending against applicant and/or recipient? If yes, list those complaints and the disposition of each complaint. <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		
IV. Have any civil rights compliance reviews of the applicant and/or recipient been conducted by any Federal agency during the two years prior to this application for activities which would receive EPA assistance? If yes, list those compliance reviews and status of each review. <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		
V. Is any other Federal financial assistance being applied for or is any other Federal financial assistance being applied to any portion of this project, program or activity? If yes, list the other Federal Agency(s), describe the associated work and the dollar amount of assistance. <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		
VI. If entire community under the applicant's jurisdiction is not served under the existing facilities/services, or will not be served under the proposed plan, give reasons why.		
VII. Population Characteristics		Number of People
1. A. Population of Entire Service Area		
B. Minority Population of Entire Service Area		
2. A. Population Currently Being Served		
B. Minority Population Currently Being Served		
3. A. Population to be Served by Project, Program or Activity		
B. Minority Population to be Served by Project, Program or Activity		
4. A. Population to Remain Without Service		
B. Minority Population to Remain Without Service		
VIII. Will all new facilities or alterations to existing facilities financed by these funds be designed and constructed to be readily accessible to and usable by handicapped persons? If no, explain how a regulatory exception (40 CFR 7.70) applies. <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		
IX. Give the schedule for future projects, programs or activities (or of future plans), by which services will be provided to all beneficiaries within applicant's jurisdiction. If there is no schedule, explain why.		
X. I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		
A. Signature of Authorized Official	B. Title of Authorized Official	C. Date
For the U.S. Environmental Protection Agency		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Authorized EPA Official	Date

**Instructions for Preaward Certification
(EPA Form 4700-4)**

General

Recipients of Federal financial assistance from the U.S. Environmental Protection Agency must comply with the following statutes.

Title VI of the Civil Rights Acts of 1964 provides that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. The Act goes on to explain that the title shall not be construed to authorize action with respect to any employment practice of any employer, employment agency, or labor organization (except where the primary objective of the Federal financial assistance is to provide employment).

Section 13 of the 1972 Amendments to the Federal Water Pollution Control Act provides that no person in the United States shall on the ground of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under the Federal Water Pollution Control Act, as amended. Employment discrimination on the basis of sex is prohibited in all such programs or activities.

Section 504 of The Rehabilitation Act of 1973 provides that no otherwise qualified handicapped individual shall solely by reason of handicap be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. Employment discrimination on the basis of handicap is prohibited in all such programs or activities.

The Age Discrimination Act of 1975 provides that no person on the basis of age shall be excluded from participation under any program or activity receiving Federal financial assistance. Employment discrimination is not covered. Age discrimination in employment is prohibited by the Age Discrimination in Employment Act administered by the Equal Employment Opportunity Commission.

Title IX of the Education Amendments of 1972 provides that no person on the basis of sex shall be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance. Employment discrimination on the basis of sex is prohibited in all such education programs or activities. Note: an education program or activity is not limited to only those conducted by a formal institution.

The information on this form is required to enable the U.S. Environmental Protection Agency to determine whether applicants and prospective recipients are developing projects, programs and activities on a nondiscriminatory basis as required by the above statutes.

Submit this form with the original and required copies of applications, requests for extensions, requests for increase of funds, etc. Updates of information are all that are required after the initial application submission.

If any item is not relevant to the project for which assistance is requested, write "NA" for "Not Applicable."

In the event applicant is uncertain about how to answer certain questions, EPA program officials should be contacted for clarification.

ITEMS

- IA. "Applicant" means any entity that files an application or unsolicited proposal or otherwise requests EPA assistance.
- IB. "Recipient" means any entity, other than applicant, which will actually receive EPA assistance.
- IC. Self-explanatory.
- II. Self-explanatory.
- III. "Civil rights lawsuits" means any lawsuit or complaint alleging discrimination on the basis of race, color, national origin, sex, age, or handicap pending against the applicant and/or entity which actually benefits from the grant. For example, if a city is the named applicant but the grant will actually benefit the Department of Sewage, civil rights lawsuits involving both the city and the Department of Sewage should be listed.
- IV. "Civil rights compliance review" means any review assessing the applicant's and/or recipient's compliance with laws prohibiting discrimination on the basis of race, color, national origin, sex, age, or handicap. If any part of the review covered the entity which will actually benefit from the grant, it should be listed.
- V. Self-explanatory.
- VI. The word "community" refers to the area under the applicant's and/or recipient's jurisdiction. The "community" might be a university or laboratory campus, or a community within a large city. If there is significant disparity between minority and nonminority populations to receive service, not otherwise satisfactorily explained, the Regional office may require a map which indicates the minority and nonminority population served by this project, program or activity.
- VII. This information is required so that reviewers may determine if a disparity in the proposed provision of services will exist in the event the application is approved for funding. Give population of recipient's jurisdiction, broken out by categories as specified.

In the event the applicant cannot provide the requested information because the funds will be distributed over a wide demographic area which is yet to be determined, an explanation may be provided on a separate sheet. For example, a State applying for a capitalization grant under the State Revolving Fund program may not know which cities and counties will apply for, and receive, SRF loans.
- VIII. Self-explanatory.
- IX. "Jurisdiction" means the geographical area over which applicant has the authority to provide service.
- X. Self-explanatory.

"Burden Disclosure Statement"

EPA estimates public reporting burden for the preparation of this form to average 30 minutes per response. This estimate includes the time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED	

Survey of Recipient's Management Systems

Applicants for assistance under EPA agreements are required to have an adequate financial management systems and procedures which provide efficient and effective accountability and control of all property, funds, and assets related to the agreement. This survey indicates the accounting standards that EPA considers basic to adequate financial management.

Completion of this survey is optional.

First-time applicants - We request that you complete and submit this survey with your application package to help determine whether their present systems can meet these requirements.

All other applicants - We recommend you complete and submit this survey each time you apply for EPA assistance.

Please mark each of these questions, **YES, NO, or N/A**,

NAME OF APPLICANT: _____

Accounting

- | | | |
|-------|----|---|
| _____ | 1) | Have project accounting records been established to record the costs applicable to the EPA agreement and other direct activities? |
| _____ | 2) | Are all costs of a project posted to these records? Are the records used as the basis for vouchers and Financial Status Reports submitted to EPA? |
| _____ | 3) | Before posting, are costs reviewed for reasonableness, allowability, and allocability to the project? |
| _____ | 4) | Are project accounts broken into subaccounts by program element or cost objective? |
| _____ | 5) | Is appropriate documentation maintained to support the costs of: |
| _____ | a) | personnel? |
| _____ | b) | fringe benefits? |
| _____ | c) | travel? |
| _____ | d) | purchases of material, supplies, and equipment? |
| _____ | e) | consultants? |
| _____ | f) | other costs? |
| _____ | 6) | Are costs posted in these records reflected on and reconciled with control accounts contained in the general ledger? |
| _____ | 7) | Are accounting records subjected to an independent audit at least every two years? |

Personnel

- _____ 8) Do personnel and/or payroll records support the time and attendance, leave, and earnings for all employees?
- _____ 9) Are time distribution records maintained to show the amount of time spent on each project covered under the agreement, as well as time spent on other projects? (These records are required for all personnel spending less than full time on an individual project).
- _____ 10) Are there controls to assure that personnel costs are distributed in accordance with the time distribution records?
- _____ 11) Are there established procedures to govern the charges of personnel time related to partners or principals in closely held corporations?
- _____ 12) Are there formal procedures regarding bonuses, retirement plans, and/or profit sharing?

Travel

- _____ 13) Are there established policies to govern reimbursement for travel?
- _____ 14) Do these policies require travel vouchers to be submitted which:
- _____ a) show the time and purpose of the travel?
- _____ b) clearly indicate the nature of expenses being claimed?
- _____ c) require the submission of supporting documentation?

Procurement

- _____ 15) Are there established procedures to assure that professional services, equipment, material, and/or supplies requested are really needed?
- _____ 16) Are existing supplies or inventories reviewed to assure that requested items are not already available?
- _____ 17) Are there formal procurement procedures to assure that equipment, material, and supplies are obtained on a competitive basis?
- _____ 18) Are there procedures to assure that the type of contract utilized is appropriate for the procurement being undertaken?
- _____ 19) Are there controls to assure that types of contracts unacceptable to the Federal Government are not utilized?
- _____ 20) Are Minority and Women Owned Businesses included in solicitations?
- _____ 21) Are solicitations obtained from several sources to assure that the most qualified party is selected?

- _____ 22) Are quotations reviewed to assure that the proposed price is reasonable to the contractor, the recipient, and EPA?
- _____ 23) Are internal controls utilized to assure that contracts contain all required clauses:
- _____ a) access to records
- _____ b) ownership of data
- _____ c) termination
- _____ d) applicable cost principles
- _____ e) defective pricing

Obligations

- _____ 24) Are there procedures to assure that reported obligations are supported by purchase orders, contracts, etc.?
- _____ 25) Do these procedures require that obligations are periodically reviewed with regard to their validity?
- _____ 26) Do these procedures require the timely liquidations of obligations?

Indirect Costs

If indirect costs are claimed under this agreement:

- _____ 27) If the indirect cost rate is negotiated with a Federal Agency, a copy of the negotiated agreement must be sent to Grants Administration Unit.

Current rate proposal has been approved _____ pending _____.

- _____ 28) If the indirect cost rate is not negotiated with a Federal agency:
- _____ a) Is there a cost allocation plan to indicate which costs are considered direct costs as opposed to indirect costs?
- _____ b) Are unallowable costs separately identified and/or excluded from the indirect cost proposal?
- _____ c) Are items of the same nature which are charged as direct costs excluded from the indirect cost proposal?
- _____ d) Are indirect costs accumulated in more than one pool?

A copy of the cost allocation plan may be requested.

I certify that the answers to these questions accurately reflect the management systems.

Signature

Date

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CERTIFICATION REGARDING LOBBYING

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS, AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31 U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Typed Name & Title of Authorized Representative

Signature of Authorized Representative

Date

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DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known:			5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:		
6. Federal Department/Agency:			7. Federal Program Name/Description: CFDA Number, if applicable: _____		
8. Federal Action Number, if known:			9. Award Amount, if known: \$ _____		
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____		
Federal Use Only:				Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES


This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

NOTE: Required ONLY if applying for Superfund assistance programs.

 <div style="text-align: center;"> UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 PROCUREMENT SYSTEM CERTIFICATION </div>		Form Approved OMB No. 2000-0453
APPLICANT'S NAME		ASSISTANCE APPLICATION NUMBER
APPLICANT'S ADDRESS		
SECTION I - INSTRUCTIONS		
<p>The applicant must complete and submit a copy of this form with each application for EPA Assistance. If the applicant has certified its procurement system to EPA within the past 2 years and the system has not been substantially revised, complete Part A in Section II, then sign and date the form. If the system has not been certified within the past 2 years, complete Part B, then sign and date the form.</p>		
SECTION II - CERTIFICATION		
A. I affirm that the applicant has within the past 2 years certified to EPA that its procurement system compiles with 40 CFR Part 35 and that the system meets the requirements in 40 CFR Part 35. The date of the applicant's latest certification is:		MONTH/YEAR
B. Based upon my evaluation of the applicant's procurement system, I, as authorized representative of the applicant: <i>(Check one of the following:)</i>		
<input type="checkbox"/> 1. CERTIFY that the applicant's procurement system will meet all of the requirements of 40 CFR Part 35 before undertaking any procurement action with EPA assistance.		
Please furnish citations to applicable procurement ordinances and regulations		
<input type="checkbox"/> 2. DO NOT CERTIFY THE APPLICANT'S PROCUREMENT SYSTEM. The applicant agrees to follow the requirements of 40 CFR Part 35, including the procedures in Appendix A, and allow EPA preaward review of proposed procurement actions that will use EPA assistance.		
TYPED NAME AND TITLE	SIGNATURE	DATE

**INSTRUCTIONS FOR
PROCUREMENT SYSTEM CERTIFICATION
(EPA Form 5700-48)**

Section II - Certification

Applicant must complete one of the following areas:

- A. Give the Month and Year
- B. Check Block 1 or 2

If Block 1 is checked, please furnish citations to applicant's applicable procurement ordinances and regulations.

This form must be signed by the applicant's authorized official.

40 CFR Part 35 Subpart O applies to Superfund recipients.

SAMPLE BUNDLING LETTER

(Optional Form)

ATTENTION: BUNDLING LETTER

TO: EPA Grants Administration Unit
1200 Sixth Ave., OMP-145
Seattle, WA 98101

RE: **Annual Certification Process for EPA Assistance Applications**

(Applicant's Name) _____ is
submitting the following certifications in response to EPA's policy which allows recipients who
receive multiple grants or cooperative agreements to submit a single set of certifications annually
for all EPA applications:

- ☐ Assurances - Non-Construction Programs (SF-424B)
- ☐ Preaward Compliance Review Report (EPA Form 4700-4)
- ☐ Procurement System Certification (EPA Form 5700-48) - **only required if
applying for Superfund/Brownfields assistance**
- ☐ Survey of Recipient's Management Systems (OPTIONAL FORM)

These certifications are to cover the following future anticipated applications:
(i.e., "all continuing environmental programs" or "all programs")

It is understood that these certifications are valid from **January 1**, ____ through
December 31, ____.

We shall provide immediate written notification to EPA if any changes occur during this
certification period, or if any of the annual certifications do not apply to a particular assistance
application.

The following individual is the point of contact for the enclosed certifications:

Name: _____
Title: _____
Address: _____
Phone No. _____

Applicant's Authorized Representative

Date

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KEY CONTACTS

AUTHORIZED REPRESENTATIVE - This is the individual who has the authority to sign the application for Federal Assistance (SF-424) and execute the Agreement on behalf of the applicant.

Circle One (Mr. Mrs. Ms.)

NAME: _____

TITLE: _____

TELEPHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

PROGRAM/PROJECT MANAGER - This is the individual who is responsible for the management of the Project for the applicant.

Circle One (Mr. Mrs. Ms.)

NAME: _____

TITLE: _____

TELEPHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

FINANCIAL REPRESENTATIVE - This is the individual who has been assigned responsibility for the maintenance of the accounting and financial management system for the applicant.

Circle One (Mr. Mrs. Ms.)

NAME: _____

TITLE: _____

TELEPHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

PAYEE ADDRESS - If different than recipient address:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DATE INFORMATION PROVIDED: _____

This form is optional

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ASSISTANCE APPLICATION HANDBOOK



APPENDIX B

Sample Work Plan

for

**40 CFR Part 35 Sub-Part A (State & Local Governments)
& Sub-Part B (Tribal)**

Grant Programs

**Sample Work Plan that meets requirements for programs covered by
40 CFR Part 35 Sub-Parts A & B**

Tidal Wetland Functional Assessment Project Work Plan

Summary of Project:

This project is proposed as the first phase in development of a Tidal Wetlands Assessment and Monitoring program. This project proposes to develop a functional assessment tool, using the Hydrogeomorphic (HGM) approach that can be used by a number of state and federal agencies and organizations to improve the effectiveness of wetland protection, wetland monitoring, wetland restoration, and compensatory mitigation along the west coast. The products will support regulatory needs as well as a variety of activities that support salmon and watershed restoration. This project will build upon the completed Statewide HGM Classification and Profiles and extend HGM guidebook development to a high priority region of the state.

I. Background of Project:

Over the past few years, the importance of tidal wetland restoration has been elevated due to the State Plan for Salmon and Watersheds and related research and funding for restoration projects. In addition, the State has established a “net gain of estuarine wetland” goal. There is now an urgent need for a reference based, rapid assessment method for evaluating restoration or mitigation site baseline conditions and restoration potential, and for monitoring the ecological results of both regulatory and non-regulatory restoration activities. The goal of this project is to develop a rapid assessment method that can be used by a wide range of wetland interests to assess wetland condition for use in making restoration decisions.

Recipient is requesting \$200,000 from EPA. Recipient will be providing \$100,000 as match to this project.

Proposed Budget for Three Year Project Period:

Total project cost:	\$300,000
Federal funds:	\$200,000
Non-federal match:	\$100,000

II. Key Project Objectives:

1. Develop a field-verified wetland classification key suitable for use along the West Coast.
2. Develop an empirically verified rapid assessment method that can be used in the field to document the ecological condition of reference wetlands along a gradient of disturbance and restoration potential.
3. Develop a more intensive assessment method that can be used to characterize and quantify the ecological functions that are “typical” of the assessed classes of wetlands. Allow for the aggregation of ecological functions into a set of “beneficial uses” that can be attributed to wetlands.

III. Work Plan Components:

Component #1:

Collect HGM reference wetland site data that will be used to develop criteria for the design and the evaluation of wetland restoration projects, including wetland compensatory mitigation projects

*** Estimated Work Years: .1 FTE *Time line: 07/01/03 – 03/30/05 Amount: \$ 260,000**

*** Staffing and Schedule Assumptions:**

1. The majority of the project tasks will be performed by a Project Contractor. One agency staff member will utilize 5% of their time during this time line to direct project management and conduct contract administration of project elements.
2. Two interns will be hired, one employed by the Project Contractor to do the GIS tasks from July-September, 2003 and another contracted by the Watershed Association for October-November, 2003 to assist with the site disturbance assessments and ownership determinations.

Task A. Identify Tidal Wetlands Potentially Accessible for Research

Due: September 30, 2003

Description: Develop maps and tables that show locations and list sites that likely could be accessed by HGM field crews during 2003. These are sites on or abutting public land, and sites to which landowners have given permission to us for access. Together, they serve as candidate reference sites for the HGM assessment.

- Obtain digital coverages for wetlands NWI and ownership;
- Determine if any NWI or other wetland maps have been digitized to head-of-tide, and if so obtain the digitized coverages;
- Identify ownership of all digitally mapped tidal wetlands as specifically as possible by overlaying ownership and wetland themes;
- Print ownership map for quads where wetlands not digitally mapped, at same size as NWI;
- Identify ownership for additional wetland areas and accessibility

Task B. Prepare Candidate Site Background Information

Due: December 31, 2003

Description: A catalog will be prepared for each candidate reference site, including ownership and access information, a completed disturbance assessment form, attribute data obtained from existing digital maps using GIS, available water quality and hydrogeomorphic data, aerial photographs, and ground-level photographs.

- Determine schedules & expected outputs themes, scales from other coastal GIS projects;
- Identify and manually map the locations of useful existing sampling sites;
- Obtain selected digital coverages for these sites & their watershed;
- Develop, write, & test a GIS script to automatically assign tidal wetlands to 1 of 3 possible subclasses;
- Interpret disturbances from the historical air photos, quantify where possible;
- Conduct visual survey of sites to assess human disturbances, using standard form;
- Enter all the site background data into a computer database.

Task C. Develop Draft List of Indicators, Procedures, Data Forms, and Reference Sites for Assessing Functions & Values

Due: March 31, 2004

Description: A preliminary list of tidal wetland functions, values, and potential indicators of those functions and values will be developed. A supporting report will provide a rationale for each indicator as documented from scientific literature, conceptual models, and professional opinion. For use during the 2003 field season, the report will also a outline a procedures or several options for procedures for measurement or estimation of each indicator, and b provide a list of accessible reference sites believed to best span the range of human disturbance and natural variability. These sites represent a narrowing of the list of candidate reference sites from Task A.

- Identify indicators of function from literature review & conceptual models
- Prepare draft protocols, QA plan, & models for function indicators

Task D. Collect and Analyze Field Data from Candidate Reference Wetlands using Indicators and Procedures developed by First Year effort

Due: March 30, 2005

Description: Trained assessment team members will collect field level data from the suite of reference sites selected to represent the range of wetland types and condition that exist within the project objectives.

- Select A-team leaders and A-team members and furnish necessary sampling equipment and supplies;
- Prepare final list of sites w/ site information;
- Deploy A-teams to sample all reference sites selected;
- Analyze collected field data from reference wetland sites;
- Calibrate or adjust draft models;
- Organize data results for presentation

Grant Products will include:

Reference site data for two or three Estuarine Fringe HGM subclasses from the Rogue River estuary to the Nickitak estuary.

Component # 2: Development of a rapid assessment guidebook for assessing function, condition, and value of two to three HGM subclasses of tidal wetlands in the State

*** Estimated Work Years:** .30 FTE **Time line:** 03/31/05 – 09/31/05 **Amount:** \$40,000

***Staffing Assumptions:** The majority of this project task will be performed by a State Agency employee. Approximately 30% of that staff position will be directed to this project.

Task A. Develop Draft Operational Guidebook

Due: June 31, 2005

Description: Develop a Draft operational HGM Guidebook for the tidal fringe wetlands on the Oregon coast that follows prescribed HGM assessment protocols.

- Develop a user friendly assessment protocol based on field data collected and draft sampling protocols;
- Prepare supplemental reference materials;
- Conduct peer review of draft guidebook.

Task Deliverables:

1. A Tidal Fringe Assessment Guidebook for two to three subclasses that includes referenced based scoring models for assessment of functional capacity for approximately 12 functions, and a method for the qualitative assessment of associated wetland values.
2. Addendum to or recommendations for improving the wetland assessment component of the State Watershed Assessment Manual.

IV. Joint Evaluation of Performance

The grantee agrees to submit a bi-annual performance report. This report will describe progress on completion of work plan commitments, provide a discussion of the work performed for all work plan components, and include a discussion of any existing or potential problem areas which could affect project completion and what measures will be taken to address or correct the identified problem. If the EPA Project Officer, after reviewing the report, finds that the recipient has not made sufficient progress under the work plan, EPA and the recipient will negotiate a resolution that addresses the issues.

V. Quality Assurance

Environmental data will not be collected until year two of the project. A quality assurance plan will be developed during year one based in protocols and procedures developed by the Contractor and the Technical Advisory Committee and will be submitted to EPA prior to the awarding of funds for year 2.

VI. Roles and Responsibilities of EPA in Carrying out the Work Plan Commitments

EPA will have no substantial role in the accomplishment of the work plan commitments. EPA will monitor progress and provide technical assistance through participation on the Technical Advisory Committee (TAC) and as needed to ensure project completion.



ASSISTANCE APPLICATION HANDBOOK



APPENDIX C

**DUNs Number Information from
The White House Office of Management and Budget (OMB)**

Obtaining a DUNS Number

A Guide for Federal Grant and Cooperative Agreement Applicants

The Federal government requires that all applicants for Federal grants and cooperative agreements with the exception of individuals other than sole proprietors, have a DUNS number. (See policy at: http://www.omb.gov/grants/grants_docs). The Federal government will use the DUNS number to better identify related organizations that are receiving funding under grants and cooperative agreements, and to provide consistent name and address data for electronic grant application systems.

Data Universal Number System (DUNS) Number

- The Data Universal Numbering System (DUNS) number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B).
- The DUNS Number is site-specific. Therefore, each distinct physical location of an entity (such as branches, divisions, and headquarters) may be assigned a DUNS number. Organizations should try and keep DUNS numbers to a minimum. In many instances, a central DUNS number with a DUNS number for each major division/department/agency that applies for a grant may be sufficient.
- In order to provide on-the-spot DUNS number assignment, the requestor should do this by telephone. (See telephone number below.)

Obtaining a DUNS Number

- You should verify that you have a DUNS number or take the steps needed to obtain one as soon as possible, if there is a possibility you will be applying for future Federal grants or cooperative agreements. There is no need to wait until you are submitting a particular application.
- *If you already have a DUNS number.* If you, as the entity applying for a Federal grant or cooperative agreement, previously obtained a DUNS number in connection with the Federal acquisition process or requested or had one assigned to you for another purpose, you should use that number on all of your applications. It is not necessary to request another DUNS number from D&B. You may request D&B to supply a family-tree report of the DUNS numbers associated with your organization. Organizations should work with D&B to ensure the right information is on the report. Organizations should not establish new numbers, but use existing numbers and update/validate the information associated with the number.
- *If you are not sure if you have a DUNS number.* Call D&B using the toll-free number, **1-866-705-5711** and indicate that you are a Federal grant applicant/prospective applicant. D&B will tell you if you already have a number. If you do not have a DUNS number, D&B will ask you to provide the information listed below and will immediately assign you a number, free of charge.
- *If you know you do not have a DUNS number.* Call D&B using the toll-free number, **1-866-705-5711** and indicate that you are a Federal grant applicant/prospective applicant. D&B will ask you to provide the information listed below and will immediately assign you a number, free of charge.

Managing Your DUNS Number

- D&B periodically contacts organizations with DUNS numbers to verify that their information is current. Organizations with multiple DUNS numbers may request a free family tree listing from D&B to help determine what branches/divisions have numbers and whether the information is current. Please call the dedicated toll-free DUNS Number request line at **1-866-705-5711** to request your family tree.
- D&B recommends that organizations with multiple DUNS numbers have a single point of contact for controlling DUNS number requests to ensure that the appropriate branches/divisions have DUNS numbers for Federal purposes.
- As a result of obtaining a DUNS number you have the option to be included on D&B's marketing list that is sold to other companies. If you do not want your name/organization included on this marketing list, request to be de-listed from D&B's marketing file when you are speaking with a D&B representative during your DUNS number telephone application.

Obtaining a DUNS number is absolutely **Free** for all entities doing business with the Federal government. This includes grant and cooperative agreement applicants/prospective applicants and Federal contractors. Be certain that you identify yourself as a Federal grant applicant/prospective applicant.

To Obtain Your DUNS Number

- Please call the dedicated toll-free DUNS Number request line for Federal grant and cooperative agreement applicants or prospective grant applicants at:

1-866-705-5711

The number is staffed from 8 a.m. to 6 p.m. (local time of the caller when calling from within the continental United States) Calls placed to the above number outside of those hours will receive a recorded messages requesting the caller to call back between the operating hours.

- The process to request number takes about 5-10 minutes.
- A DUNS number will be assigned at the conclusion of the call.
- You will need to provide the following information:
 - Legal Name
 - Headquarters name and address for your organization
 - Doing business as (DBA) or other name by which your organization is commonly known or recognized
 - Physical Address, City, State and Zip Code
 - Mailing Address(is separate from Headquarters and/or physical address)
 - Telephone Number
 - Contact Name and Title
 - Number of Employees at your physical location



ASSISTANCE APPLICATION HANDBOOK



Appendix D

On-Line Information Resources

Resource	Address (URL)	Topics of Interest
Federal Government Resources		
Office of Management and Budget (OMB)	www.whitehouse.gov/omb/grants/	<ul style="list-style-type: none"> Grants Management Circulars on Cost Principles, Administrative Requirements and Audit Requirements; Fill and Print Application Forms (SF 424 and 424A)
Code of Federal Regulations (CFR)	www.gpoaccess.gov/ecfr/	Code of Federal Regulations in electronic format. EPA is under Title 40. Grants regulations are under Parts 30 - 36, 40, 45-47 and 50
Catalogue of Federal Domestic Assistance	www.cfda.gov	<ul style="list-style-type: none"> Source for information on all Federal assistance programs. EPA's programs begin with the prefix 66.
Grants.Gov	www.grants.gov	"A simple, unified electronic storefront for interactions between grant applicants and the Federal agencies that manage grant funds."
EPA Resources		
EPA's National Office of Grants and Debarment	www.epa.gov/ogd/	<ul style="list-style-type: none"> Valuable information about how to apply for EPA grants programs. Links to forms in various formats. Links to grants regulations.
EPA Region 10	www.epa.gov/r10earth/	Use the index or search engine to find Region 10 grants information.